

Current Code	Current Description	Procedure Daily Unit Max	COS	Current Rate	Proposed Code	Proposed Modifier(s)	Description	Procedure Daily Unit Max	COS	Proposed Rate	Place of Service	Provider Type
W0100	MILEAGE-ALTCS PROVIDERS OF HCBS SERVICES TO NATIVE AMERICANSON RE			\$ 0.35	A0160		NON-EMERGENCY TRANSPORTATION: PER MILE - CASE WORKER OR SOCIAL WORKER SERVICES, UP TO 15 MINUTES	999	31	\$0.35	99	24, 40
W2100	NURSING SERVICES	12	47	\$ 17.00	T1002			12	1	\$17.00	11, 12, 33, 99	77, A6
W2101	OPIOID AGONIST ADMINISTRATION-OFFICE	1	47	\$ 11.00	H2010	HG	COMPREHENSIVE MEDICATION SERVICES, PER 15 MINUTES	1	1	\$11.00	11, 50, 53, 72, 99	08, 18, 19, 31
W2102	OPIOID AGONIST ADMINISTRATION-TAKE HOME	1	1	\$ 2.50	H0020	HG	ALCOHOL AND/OR DRUG SERVICES; METHADONE ADMINISTRATION AND/OR SER	1	1	\$2.50	11, 22, 23, 50, 53, 71, 72, 99	08, 18, 19, 31
W2151	HOME BASED INDIVIDUAL THERAPY/COUNSELING (1MBR TEAM, 15 MI	24	47	\$ 20.00	H0004		BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	24	47	\$20.00	12, 31, 32, 33, 99	77
W2152	FAMILY COUNSELING, OUT-OF-OFFICE TREATMENT DAY - RESIDENTIAL TREATMENT	24	47	\$ 23.00	H0004	HR or HS	BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	24	47	\$23.00	12, 99	77
W2205	FACILITY AGE LT 5 YRS			\$ 135.00	Delete		#N/A					
W2206	SERVICE DAY/AGE 0-20			\$ -	Delete		#N/A					
W2300	OFFICE/CLINIC INDIVIDUAL THERAPY/COUNSELING (OTHER MENTAL HLTH	16	47	\$ 18.00	H0004	GT	BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	24	47	\$18.00	03, 11, 22, 50, 53, 72	77, 88, 89
W2350	OFFICE/CLINIC FAMILY THERAPY/COUNSELING (OTHER MENTAL HEALTHPRACT	16	47	\$ 18.50	H0004	GT, HR or HS	BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	24	47	\$18.50	03, 11, 22, 50, 53, 72	77, 88, 89
W2351	OFFICE/CLINIC GRP THERAPY/COUNSELING (OTHER MENTAL HEALTH PRACT	16	47	\$ 6.00	H0004	HQ	BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	24	47	\$6.00	11, 22, 31, 32, 33, 50, 53, 54, 72, 99	77, 88, 89
W2401	NURSING FAC OR RESDNTL CARE FAC BASED INDVDL THRPY/CNSLING PROV			\$ 22.00	Delete		#N/A					
W2403	NURSING FAC OR RESDNTL CARE FAC BASED GRP THRPY/CNSLING (PROVIDED			\$ 5.00	Delete		#N/A					
W2404	HOME RESPIRATORY THERAPY NON-MEDICARE CERTIFIED HHA	1		\$ 38.14	S5180		HOME HEALTH RESPIRATORY THERAPY, INITIAL EVALUATION	1	3	\$38.14	12	95
	#N/A				S5181		HOME HEALTH RESPIRATORY THERAPY, NOS, PER DIEM	1	3	BR	12	95
W2405	HOME RESPIRATORY THERAPY MEDICARE CERTIFIED HOME HLTH AGENCY	1		\$ 45.67	S5180		HOME HEALTH RESPIRATORY THERAPY, INITIAL EVALUATION	1	3	\$45.67	12	23
	#N/A				S5181		HOME HEALTH RESPIRATORY THERAPY, NOS, PER DIEM	1	3	BR	12	23
W2406	HOME RESPIRATORY THERAPY, RESPIRATORY THERAPIST (IND)	1		\$ 24.29	S5180		HOME HEALTH RESPIRATORY THERAPY, INITIAL EVALUATION	1	3	\$24.29	12	20
	#N/A				S5181		HOME HEALTH RESPIRATORY THERAPY, NOS, PER DIEM	1	3	BR	12	20
W2600	INITIAL NUTRITIONAL ASSESSMENT (ALTCS)	1		\$ -	S9470		NUTRITIONAL COUNSELING, DIETITIAN VISIT	1	1	BR	12	23, 47
W2601	ESTABLISHED PT NUTRITIONAL ASSESSMENT (ALTCS)			\$ -	Delete		#N/A					
W3001	PRENATAL & POSTPARTUM CARE BY LICENSED MIDWIFE			\$ 27.50	99212		#N/A	1	48	\$27.50	12	84
W3002	LABOR & DELIVERY (VAGINAL) BY LICENSED MIDWIFE			\$ 1,155.00	59400		#N/A	1		\$1,155.00	12	84
W4001	ASSESSMENT GENERAL	10	47	\$ 29.50	H0031	GT	MENTAL HEALTH ASSESSMENT, BY NON-PHYSICIAN	10	47	\$29.50	04, 11, 12, 20, 22, 23, 34, 50, 53, 54, 71, 72, 99	72, 77, 85, 86, 87, 88, 89, A6
W4002	ASSESSMENT REHABILITATIVE EMPLOYMENT SUPPORT	10	47	\$ 33.50	H0031	GT, HB	MENTAL HEALTH ASSESSMENT, BY NON-PHYSICIAN	10	47	\$33.50	04, 11, 12, 20, 22, 50, 53, 54, 71, 72, 99	72, 77, 85, 86, 87, A3

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W4003	SCREENING	4	47	\$ 9.00	H0002	GT	BEHAVIORAL HEALTH SCREENING TO DETERMINE ELIGIBILITY FOR ADMISSION	4	47	\$9.00	11, 12, 22, 23, 34, 50, 53, 54, 71, 72	72, 77, 85, 86, 87, A6
W4005	ASSESSMENT COMPREHENSIVE	10	47	\$ 42.00	H2000	GT	COMPREHENSIVE MULTIDISCIPLINARY EVALUATION	10	47	\$42.00	03, 11, 12, 22, 23, 34, 50, 53, 54, 71, 72, 99	72, 77, 85, 86, 87, 88, 89, A6
W4006	LIVING SKILLS TRAINING-INDIVIDUAL	16	47	\$ 12.50	H2014		SKILLS TRAINING AND DEVELOPMENT, PER 15 MINUTES	32	47	\$6.25	11, 12, 50, 53, 54, 71, 72, 99	39, 72, 77, 85, 86, 87, A3, A6
W4015	LIVING SKILLS TRAINING GROUP (PER PERSON)	8	47	\$ 4.00	H2014	HQ	SKILLS TRAINING AND DEVELOPMENT, PER 15 MINUTES	16	47	\$2.00	11, 12, 50, 53, 54, 71, 72, 99	39, 72, 77, 85, 86, 87, A3, A6
W4016	LIVING SKILLS TRAINING 3>HOURS EXTENDED	24	47	\$ 14.50	H2017		PSYCHOSOCIAL REHABILITATION SERVICES, PER 15 MINUTES	96	47	\$3.63	11, 12, 50, 53, 54, 71, 72, 99	39, 72, 77, 85, 86, 87, A3, A6
W4020	HEALTH PROMOTION (PER PERSON)	16	47	\$ 4.50	H0025		BEHAVIORAL HEALTH PREVENTION EDUCATION SERVICE (DELIVERY OF SERVICE)	16	47	\$4.50	11, 12, 50, 53, 54, 71, 72, 99	72, 77, 85, 86, 87, A3, A6
	#N/A				H0034		MEDICATION TRAINING AND SUPPORT, PER 15 MINUTES	32	47	\$2.25	11, 12, 50, 53, 54, 71, 72, 99	72, 77, 85, 86, 87, A3, A6
W4030	PRE-JOB TRAINING EDUCATION AND DEVELOPMENT	32	47	\$ 7.50	H2027		PSYCHOEDUCATIONAL SERVICE, PER 15 MINUTES	32	47	\$7.50	11, 12, 50, 53, 54, 71, 72, 99	72, 77, A3, A6
W4031	JOB COACHING AND EMPLOYMENT SUPPORT	32	47	\$ 6.00	H2025		ONGOING SUPPORT TO MAINTAIN EMPLOYMENT, PER 15 MINUTES	32	47	\$6.00	11, 12, 50, 53, 54, 71, 72, 99	72, 77, A3, A6
	#N/A				H2026		ONGOING SUPPORT TO MAINTAIN EMPLOYMENT, PER DIEM	1	47	\$144.00	11, 12, 50, 53, 54, 71, 72, 99	72, 77, A3, A6
W4040	CASE MANAGEMENT - BEH HEALTH PROFESSIONAL - OFFICE	32	47	\$ 20.00	T1016	GT, HO	CASE MANAGEMENT, EACH 15 MINUTES	40	47	\$20.00	11, 50, 53, 71, 72, 99	72, 77, 85, 86, 87
W4041	CASE MANAGEMENT-BEH HEALTH PROFESSIONAL - OUT-OF-OFFICE	40	47	\$ 23.00	T1016	GT, HO	CASE MANAGEMENT, EACH 15 MINUTES	40	47	\$23.00	12, 22, 23, 34, 54	72, 77, 85, 86, 87
W4042	CASE MANAGEMENT - BEH HEALTH TECHNICIAN-OFFICE	32	47	\$ 7.50	T1016	HN	CASE MANAGEMENT, EACH 15 MINUTES	40	47	\$7.50	11, 50, 53, 71, 72, 99	72, 77
W4043	CASE MANAGEMENT - OUT-OF-OFFICE	40	47	\$ 10.50	T1016	HN	CASE MANAGEMENT, EACH 15 MINUTES	40	47	\$10.50	12, 22, 23, 34, 54	72, 77
W4044	PERSONAL ASSISTANCE	6	47	\$ 10.00	T1019		PERSONAL CARE SERVICES, PER 15 MINUTES, NOT FOR AN INPATIENT OR RESIDENT	47	39	\$5.00	11, 12, 50, 53, 71, 72, 99	39, 72, 77, A3, A6
W4045	PERSONAL ASSISTANCE-EXTENDED	24	47	\$ 14.50	T1020		PERSONAL CARE SERVICES, PER DIEM, NOT FOR AN INPATIENT OR RESIDENT	1	39	\$348.00	11, 12, 50, 53, 71, 72, 99	39, 72, 77, A3, A6
W4046	FAMILY SUPPORT	16	47	\$ 18.50	S5110		HOME CARE TRAINING, FAMILY; PER 15 MINUTES	32	47	\$9.25	11, 12, 50, 53, 71, 72, 99	39, 72, 77, 85, 86, 87, A3, A6
W4047	PEER SUPPORT	6	47	\$ 10.00	H0038		SELF-HELP/PEER SERVICES, PER 15 MINUTES	16	47	\$5.00	11, 12, 50, 53, 54, 71, 72, 99	72, 77, A3, A6
W4048	PEER SUPPORT-EXTENDED	24	47	\$ 14.50	H2016		COMPREHENSIVE COMMUNITY SUPPORT SERVICES, PER DIEM	1	47	\$174.00	11, 12, 50, 53, 54, 71, 72, 99	72, 77, A3, A6
W4049	PEER SUPPORT GROUP (PER PERSON)	8	47	\$ 3.00	H0038	HQ	SELF-HELP/PEER SERVICES, PER 15 MINUTES	16	47	\$1.50	11, 12, 23, 50, 53, 54, 71, 72, 99	72, 77, A3, A6
W4050	THERAPEUTIC FOSTER CARE	1	47	\$ 68.00	S5140		FOSTER CARE, ADULT; PER DIEM	1	35	\$68.00	12, 99	A5
	#N/A				S5145		FOSTER CARE, THERAPEUTIC, CHILD; PER DIEM		47	\$68.00	12, 99	A5
W4051	LEVEL II BEHAVIORAL HEALTH RESIDENTIAL	1	47	\$ 163.00	H0018		BEHAVIORAL HEALTH; SHORT-TERM RESIDENTIAL (NON-HOSPITAL RESIDENTIAL)	1	47	\$163.00	99	74
W4052	LEVEL III BEHAVIORAL HEALTH RESIDENTIAL	1	47	\$ -	H0019		BEHAVIORAL HEALTH; LONG-TERM RESIDENTIAL (NON-MEDICAL, NON-ACUTE CARE)	1	47	BR	99	A2

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W4060	CRISIS INTERVENTION-URGENT(UP TO 5 HOURS)	10	47	\$ 26.50	S9484		CRISIS INTERVENTION MENTAL HEALTH SERVICE, PER HOUR	5	47	\$53.00	21, 51, 99	02, 71, B5, B6, B7
W4061	CRISIS INTERVENTION-URGENT(5 THROUGH 23 HOURS)	1	47	\$ 294.50	S9485		CRISIS INTERVENTION MENTAL HEALTH SERVICES, PER DIEM	1	47	\$294.50	21, 51, 99	02, 71, B5, B6, B7
W4062	CRISIS INTERVENTION MOBIL 1 PERSON	16	47	\$ 54.00	H2011		CRISIS INTERVENTION SERVICE, PER 15 MINUTES	40	47	\$27.00	11, 12, 23, 50, 53, 54, 71, 72, 99	02, 71, B5, B6, B7
W4063	CRISIS INTERVENTION MOBIL TEAM 2 PERSON	20	47	\$ 69.00	H2011	HT	CRISIS INTERVENTION SERVICE, PER 15 MINUTES	40	47	\$34.50	11, 12, 23, 50, 53, 54, 71, 72, 99	02, 71, 77, B5, B6, B7
W4070	BEHAVIORAL HEALTH DAY PROGRAM-SUPERVISED			\$ 11.00	Delete		#N/A					
W4071	BEHAVIORAL HEALTH DAY PROGRAM-SUPERVISED(MIN OF 3 HRS < THAN6 HOU	1	47	\$ 30.50	H2012		BEHAVIORAL HEALTH DAY TREATMENT, PER HOUR	5	47	\$10.16	53, 71, 72, 99	72, 77, A3
W4072	BEHAVIORAL HEALTH DAY PROGRAM SUPERVISED (6 HOURS OR MORE)	1	47	\$ 65.50	H2015		COMPREHENSIVE COMMUNITY SUPPORT SERVICES, PER 15 MINUTES	40	47	\$2.73	53, 71, 72, 99	72, 77, A3
W4073	BEHAVIORAL HEALTH DAY PROGRAM-THERAPEUTIC	3	47	\$ 17.00	H2019		THERAPEUTIC BEHAVIORAL SERVICES, PER 15 MINUTES	11	47	\$4.25	53, 71, 72, 99	77
W4074	BEHAVIORAL HEALTH DAY PROGRAM-THERAPEUTIC (MIN 3 HRS AND LESS	1	47	\$ 54.50	H2019	TF	THERAPEUTIC BEHAVIORAL SERVICES, PER 15 MINUTES	23	47	\$4.74	53, 71, 72, 99	77
W4075	BEHAVIORAL HEALTH DAY PROGRAM-THERAPEUTIC (6 HOURS OR MORE)	1	47	\$ 103.00	H2020		THERAPEUTIC BEHAVIORAL SERVICES, PER DIEM	1	47	\$103.00	53, 71, 72, 99	77
W4076	BEHAVIORAL HEALTH DAY PROGRAM-THERAPEUTIC			\$ -	Delete		#N/A					
W4077	BEHAVIORAL HEALTH DAY PROGRAM-THERAPEUTIC (MIN 3 HRS LESS THAN	1	47	\$ -	H2019	TF	THERAPEUTIC BEHAVIORAL SERVICES, PER 15 MINUTES	23	47	BR	12	77
W4078	BEHAVIORAL HEALTH DAY PROGRAM-THERAPEUTIC (6 HOURS OR MORE)	1	47	\$ -	H2020		THERAPEUTIC BEHAVIORAL SERVICES, PER DIEM	1	47	BR	12	77
W4079	BEHAVIORAL HEALTH DAY PROGRAM-MEDICAL	3	47	\$ 22.00	H0036		COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT, FACE-TO-FACE, PER 15	11	47	\$5.50	53, 72, 99	77
W4080	BEHAVIORAL HEALTH DAY PROGRAM-MEDICAL (MIN 3 HRS < 6 HRS	1	47	\$ 61.50	H0036	TF	COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT, FACE-TO-FACE, PER 15	23	47	\$5.13	53, 72, 99	77
W4081	BEHAVIORAL HEALTH DAY PROGRAM-MEDICAL (6 HOURS OR MORE)	1	47	\$ 131.50	H0037		COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT PROGRAM, PER DIEM	1	47	\$131.50	53, 72, 99	77
W4082	BEHAVIORAL HEALTH DAY PROGRAM-MEDICAL	3	47	\$ -	H0036		COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT, FACE-TO-FACE, PER 15	11	47	BR	12	77
W4083	BEHAVIORAL HEALTH DAY PROGRAM-MEDICAL (MIN 3 HRS LESS THAN 6)	1	47	\$ -	H0036	TF	COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT, FACE-TO-FACE, PER 15	23	47	BR	12	77
W4084	BEHAVIORAL HEALTH DAY PROGRAM-MEDICAL (6 HOURS OR MORE)	1	47	\$ -	H0037		COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT PROGRAM, PER DIEM	1	47	BR	12	77
Y4550	HOME UTERINE MONITORING	1	30	\$ -	S9208		HOME MANAGEMENT OF PRETERM LABOR, PER DIEM	1	15	\$65.00	12	30
Y4552	EMERGENCY ALERT SYSTEM: EQUIPMENT	1	30	\$ -	S5160		EMERGENCY RESPONSE SYSTEM; INSTALLATION AND TESTING	1	15	BR	12	30
Y4553	EMERGENCY ALERT SYSTEM: SERVICE/MAINTENANCE FEE	1		\$ -	S5161		EMERGENCY RESPONSE SYSTEM; SERVICE FEE, PER MONTH(EXCLUDES INSTAL	1	15	BR	12	30
Z2999	SPECIAL TRANSPORT	1	31	\$ -	A0999		UNLISTED AMBULANCE SERVICE	1	31	BR	41, 42, 99	6, 28, 72, 77, A3
Z3000	ADULT DAY HEALTH SERVICES; PER HOUR	12	21	\$ 7.37	S5100		DAY CARE SERVICE, ADULT; PER 15 MINUTES	11	24	\$1.84	99	27, 81

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	#N/A				S5101		DAY CARE SERVICES, ADULT; PER HALF DAY	2	24	\$22.11	99	27, 81
	#N/A				S5102		DAY CARE SERVICES, ADULT; PER DIEM	1	24	\$44.22	99	27, 81
Z3001	ADULT CARE HOME (ACH 1)	1	\$	-	T2031		ASSISTED LIVING, WAIVER; PER DIEM	1	36	BR	12	36
Z3002	ADULT CARE HOME (ACH2)	1	\$	-	T2031	TF	ASSISTED LIVING, WAIVER; PER DIEM	1	36	BR	12	36
Z3003	ADULT FOSTER CARE 1	1	\$	-	S5140		FOSTER CARE, ADULT; PER DIEM	1	35	BR	12	50
Z3004	ADULT FOSTER CARE (2)	1	\$	-	S5140	TF	FOSTER CARE, ADULT; PER DIEM	1	35	BR	12	50
Z3005	ADULT FOSTER CARE (3)	1	\$	-	S5140	TG	FOSTER CARE, ADULT; PER DIEM	1	35	BR	12	50
Z3006	UNCLASSIFIED HEALTH CARE FACILITY FOR THE TREATMENT OF BRAININJUR		\$	-	Delete		#N/A					
Z3007	UNCLASSIFIED HEALTH CARE FACILITY FOR THE TREATMENT OF BRAININJUR		\$	-	Delete		#N/A					
Z3008	UNCLASSIFIED HEALTH CARE FACILITY FOR THE TREATMENT OF BRAININJUR		\$	-	Delete		#N/A					
Z3010	HOME DELIVERED MEAL; PER MEAL	1	22	\$ 7.46	S5170		HOME DELIVERED MEALS, INCLUDING PREPARATION; PER MEAL	1	22	\$7.46	12	70, 81
Z3020	HOME HEALTH AIDE; PER VISIT	1	4	\$ 31.65	T1021		HOME HEALTH AIDE OR CERTIFIED NURSE ASSISTANT, PER VISIT	4	29	\$31.65	12	02, 23
Z3030	RN & LPN (CERT HHA) INTERMITTENT VISIT; PER HOUR	24	\$	76.63	S9123		NURSING CARE, IN THE HOME; BY REGISTERED NURSE, PER HOUR (USE FOR	24	30	\$76.63	12	02, 23
Z3031	RN (NON CERT HHA) INTERMITTENT VISIT; PER HOUR	24	\$	63.98	S9123		NURSING CARE, IN THE HOME; BY REGISTERED NURSE, PER HOUR (USE FOR	24	30	\$63.98	12	39, 81, 95
Z3032	RN (NON-CERT) CONTINUOUS VISIT; PER HOUR	24	\$	47.17	Delete		#N/A					
Z3033	RN (HH NURSE/INDEPENDENT) INTERMITTENT VISIT; PER HOUR	24	\$	40.75	S9123		NURSING CARE, IN THE HOME; BY REGISTERED NURSE, PER HOUR (USE FOR	24	30	\$40.75	12	19, 46
Z3034	RN (HH NURSE/INDEPENDENT) CONTINUOUS VISIT; PER HOUR	24	\$	30.05	Delete		#N/A					
Z3035	LPN (HH NURSE/INDEPENDENT) INTERMITTENT VISIT; PER HOUR	24	\$	32.00	Delete		#N/A					
Z3036	LPN (HH NURSE/INDEPENDENT) CONTINUOUS VISIT; PER HOUR	24	\$	23.60	Delete		#N/A					
Z3037	LPN (NON-CERT HHA) INTERMITTENT VISIT; PER HOUR	24	\$	49.52	Delete		#N/A					
Z3038	LPN (NON-CERT HHA) CONTINUOUS VISIT; PER HOUR	24	\$	36.51	S9124	TG	NURSING CARE, IN THE HOME; BY LICENSED PRACTICAL NURSE, PER HOUR	24	30	\$36.51	12	02, 23, 39, 81, 95
Z3039	RN & LPN (CERT HHA) CONTINUOUS CARE PER HOUR	24	\$	54.46	S9123	TG	NURSING CARE, IN THE HOME; BY REGISTERED NURSE, PER HOUR (USE FOR	24	30	\$54.46	12	02, 23, 39
Z3040	HOMEMAKER; PER HOUR	8	\$	18.53	S5130		HOMEMAKER SERVICES, NOS; PER 15 MINUTES	32	23	\$4.63	12	23, 24, 37, 39, 40, 81, 95
Z3060	SHORT TERM IN-HOME RESPITE CARE; PER HOUR	12	26	\$ 13.96	S5150		UNSKILLED RESPITE CARE, NOT HOSPICE; PER 15 MINUTES	48	26	\$3.49	12, 99	02, 23, 24, 37, 39, 72, 77, 81, A3
Z3061	GROUP RESPITE CARE; PER HOUR		\$	5.19	S5150	HQ	UNSKILLED RESPITE CARE, NOT HOSPICE; PER 15 MINUTES	48	26	\$1.30	12, 99	02, 23, 38, 39, 40, 81

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Z3070	CONTINUOUS IN-HOME RESPITE CARE; PER 24 HRS	1	26	\$ 167.71	S5151		UNSKILLED RESPITE CARE, NOT HOSPICE; PER DIEM	1	26	\$167.71	12, 99	02, 23, 24, 36, 37, 39, 40, 72, 77, 81, A3
Z3080	NON-FAMILY ATTENDANT CARE; PER HOUR	24		\$ 13.96	S5125		ATTENDANT CARE SERVICES; PER 15 MINUTES	96	28	\$3.49	12	02, 23, 24, 40
Z3081	ENERGY ASSISTANCE			\$ -	Delete		#N/A					
Z3082	HOME MAINTENANCE SERVICE	999		\$ -	S5165		HOME MODIFICATIONS; PER SERVICE	999	46	BR	12	44
Z3083	OTHER APPROVED SERVICE			\$ -	Delete		#N/A					
Z3084	SUPPORTIVE EMPLOYMENT SERVICE	Monthly		\$ 437.05	T2019		HABILITATION, SUPPORTED EMPLOYMENT, WAIVER, PER 15 MINUTES	23	32	\$3.36	99	39
	#N/A				T2018		HABILITATION, SUPPORTED EMPLOYMENT, WAIVER, PER DIEM	1	32	\$20.17	99	39
Z3090	ALTERNATIVE COMMUNICATION TRAINING		32	\$ -	Delete		#N/A					
Z3100	HOME MANAGEMENT TRAINING		32	\$ -	Delete		#N/A					
Z3110	ORIENTATION AND MOBILITY TRAINING		32	\$ -	Delete		#N/A					
Z3120	PERSONAL LIVING SKILLS TRAINING		32	\$ -	Delete		#N/A					
Z3125	ALZHEIMER PROJ-LEVEL 1		44	\$ -	T2033	U1	RESIDENTIAL CARE, NOT OTHERWISE SPECIFIED (NOS), WAIVER; PER DIEM	1	36	BR	12, 99	57
Z3126	ALZHEIMER PROJ-LEVEL 2		44	\$ -	Delete		#N/A					
Z3127	ALZHEIMER PROJ-LEVEL 3		44	\$ -	Delete		#N/A					
Z3130	DEVELOPMENTAL DISABILITIES DAY CARE		42	\$ -	Delete		#N/A					
Z3131	REHABILITATION INSTRUCTIONS		42	\$ -	Delete		#N/A					
Z3132	DAY TREATMENT AND TRAINING		42	\$ -	T2021		DAY HABILITATION, WAIVER, PER 15 MINUTES		42	BR	12, 99	39
Z3133	HABILITATION GROUP OF SERVICES-(DES)		32	\$ -	T2016		HABILITATION, RESIDENTIAL, WAIVER, PER DIEM		32	BR	12, 99	25, 39
Z3134	HABILITATION GROUP OF SERVICES - DES, UNIT EQUALS ONE HOUR		32	\$ -	T2017		HABILITATION, RESIDENTIAL, WAIVER, PER 15 MINUTES		32	BR	12, 99	25, 39
Z3135	LEVEL I BEHAVIORAL HEALTH (1 OR "M")		\$ -	Delete			#N/A					
Z3136	LEVEL I BEHAVIORAL HEALTH (2)		\$ -	Delete			#N/A					
Z3137	LEVEL I BEHAVIORAL HEALTH (3)		\$ -	Delete			#N/A					
Z3138	LEVEL II BEHAVIORAL HEALTH (1 OR "M")		47	\$ -	H0018	TF	BEHAVIORAL HEALTH; SHORT-TERM RESIDENTIAL (NON-HOSPITAL RESIDENTI	1	47	BR	99	74
Z3139	LEVEL II BEHAVIORAL HEALTH (2)		\$ -	H0018	TG		BEHAVIORAL HEALTH; SHORT-TERM RESIDENTIAL (NON-HOSPITAL RESIDENTI	1	47	BR	99	74
Z3140	LEVEL II BEHAVIORAL HEALTH (3)		\$ -	Delete			#N/A					
Z3141	LEVEL III BEHAVIORAL HEALTH (1 OR "M")		\$ -	Delete			#N/A					
Z3142	LEVEL III BEHAVIORAL HEALTH (2)		\$ -	Delete			#N/A					
Z3143	LEVEL III BEHAVIORAL HEALTH (3)		\$ -	Delete			#N/A					
Z3144	DDD GROUP HOMES (1 OR "M")		32	\$ -	T2016		HABILITATION, RESIDENTIAL, WAIVER, PER DIEM	1	32	BR	12	25, 39

Current Code	Current Description	Procedure Daily Unit Max	COS	Current Rate	Proposed Code	Proposed Modifier(s)	Description	Procedure Daily Unit Max	COS	Proposed Rate	Place of Service	Provider Type
Z3145	DDD GROUP HOME (2)		32	\$ -	T2016	TF	HABILITATION, RESIDENTIAL, WAIVER, PER DIEM	1	32	BR	12	25, 39
Z3146	DDD GROUP HOME (3)		32	\$ -	T2016	TG	HABILITATION, RESIDENTIAL, WAIVER, PER DIEM	1	32	BR	12	25, 39
Z3150	ROUTINE HOME CARE		21	\$ 93.46	Delete		#N/A					
Z3160	CONTINUOUS HOME CARE		21	\$ -	Delete		#N/A					
Z3465	LARK PER DIEM			\$ 124.27	Delete		#N/A					
Z3470	IV ANTIBIOTIC THERAPY	1	15	\$ -	S9379		HOME INFUSION THERAPY, INFUSION THERAPY, NOT OTHERWISE CLASSIFIED	1	15	BR	12	02, 03, 23
Z3495	HOME IV THERAPY SERVICES			\$ -	Delete		#N/A					
Z3610	PRIVATE VEHICLE	999	31	\$ 0.10	A0090		NON-EMERGENCY TRANSPORTATION, PER MILE - VEHICLE PROVIDED BY INDI	999	31	\$0.10	99	24, 28, 36, 37, 39, 40, 46, 49, 50, 72, 77, 78, A3, B1, B2, B3, B5, B6, B7
Z3620	URBAN NON-EMERGENCY TRANSPORT COACH VAN	999	31	\$ 1.15	S0215		NON-EMERGENCY TRANSPORTATION; MILEAGE, PER MILE	999	31	\$1.15	99	02, 06, 28, 39, 71, 72, 77, 78, A3, A6, B1, B2, B3, B5, B6, B7
Z3621	AMBULATORY VAN, URBAN BASE RATE	5	31	\$ 6.69	A0120		NON-EMERGENCY TRANSPORTATION: MINI-BUS, MOUNTAIN AREA TRANSPORTS,	5	31	\$6.69	99	02, 06, 28, 39, 71, 72, 77, 78, A3, A6, B1, B2, B3, B5, B6, B7
Z3643	RURAL, NON-EMERGENCY TRANSP. COACH VAN	999	31	\$ 1.34	S0215	TN	NON-EMERGENCY TRANSPORTATION; MILEAGE, PER MILE	999	31	\$1.34	99	02, 06, 28, 39, 71, 72, 77, 78, A3, A6, B1, B2, B3, B5, B6, B7
Z3644	RURAL, WHEELCHAIR VAN, BASE RATE	5	31	\$ 16.03	A0130	TN	URBAN WHEELCHAIR VAN, BASE	5	31	\$16.03	99	02, 06, 28, 39, 72, 77, A3, A6, B1, B2, B3
Z3645	RURAL, WHEELCHAIR VAN, PER MILE	999	31	\$ 1.20	S0209	TN	WHEELCHAIR VAN, MILEAGE, PER MILE	999	31	\$1.20	99	02, 06, 28, 39, 71, 72, 77, A3, A6, B1, B2, B3
Z3646	RURAL, STRETCHER VAN, BASE RATE	5	31	\$ 51.28	T2005	TN	NON-EMERGENCY TRANSPORTATION; NON-AMBULATORY STRETCHER VAN	5	31	\$51.28	99	02, 06, 28, 71, 72, 77, A3, A6, B1, B2, B3
Z3647	RURAL, STRETCHER VAN, PER MILE	999	31	\$ 2.42	A0425	TN	GROUND MILEAGE, PER STATUTE MILE	999	31	\$2.42	99	02, 06, 28, 72, 77, A3, A7, B1, B2, B3
Z3648	AMBULATORY VAN, RURAL BASE RATE	5	31	\$ 7.69	A0120	TN	NON-EMERGENCY TRANSPORTATION: MINI-BUS, MOUNTAIN AREA TRANSPORTS,	5	31	\$7.69	99	02, 06, 28, 71, 72, 77, A3, A6, B1, B2, B3, B5, B6, B7
Z3701	OXYGEN; NON-AMBULANCE			\$ -	Delete		#N/A					
Z3655	NONCOVERED GROUND AMBULANCE MILEAGE, PER MILE (E.G., FOR MLSTRAVE	999	14	\$ 5.34	A0888		NONCOVERED AMBULANCE MILEAGE, PER MILE (E.G., FOR MILES TRAVELED	999	14	\$5.34	41, 42	6
					A0888		NONCOVERED AMBULANCE MILEAGE, PER MILE (E.G., FOR MILES TRAVELED	999	14	\$8.82	41, 42	

Current Code	Current Description	Procedure Daily Unit Max	COS	Current Rate	Proposed Code	Proposed Modifier(s)	Description	Procedure Daily Unit Max	COS	Proposed Rate	Place of Service	Provider Type
Z3660	MATERNAL/NEONATE TRANS TEAM - GROUND AMB/TRIP	1	14	\$ 787.74	A0225		AMBULANCE SERVICE, NEONATAL TRANSPORT, BASE RATE, EMERGENCY TRANS	1	14	\$787.74	41	6
Z3715	HELICOPTER TAXI - NON EMERGENCY	5	31	\$ 48.61	T2003		NON-EMERGENCY TRANSPORTATION; ENCOUNTER/TRIP	5	31	\$48.61	99	28
Z3716	NON-AMBULANCE/NON-EMERGENCY AIR TRANSPORT PER MILE	999	31	\$ 8.83	A0435		FIXED WING AIR MILEAGE, PER STATUTE MILE	999	31	\$8.83	42, 99	6
Z3717	NON-AMBULANCE WAITING TIME (PER HALF HOUR)	6	31	\$ 4.85	T2007		TRANSPORTATION WAITING TIME, AIR AMBULANCE AND NON-EMERGENCY VEHI	6	31	\$4.85	99	06, 28, 39, 72, 77, A3, A6, B1, B2, B3
Z3718	SUPPORTIVE RESIDENTIAL LIVING 1 - BUNDLED RATE	1	44	\$ 45.51	T2033		RESIDENTIAL CARE, NOT OTHERWISE SPECIFIED (NOS), WAIVER; PER DIEM	1	44	\$45.51	12	49
Z3719	SUPPORTIVE RESIDENTIAL LIVING 2 - BUNDLED RATE	1	44	\$ 50.76	T2033	TF	RESIDENTIAL CARE, NOT OTHERWISE SPECIFIED (NOS), WAIVER; PER DIEM	1	44	\$50.76	12	49
Z3720	SUPPORTIVE RESIDENTIAL LIVING 3 - BUNDLED RATE	1	44	\$ 63.51	T2033	TG	RESIDENTIAL CARE, NOT OTHERWISE SPECIFIED (NOS), WAIVER; PER DIEM	1	44	\$63.51	12	49
Z3721	URBAN STRETCHER VAN-BASE	5	31	\$ 44.59	T2005		#N/A	5	31	\$44.59	99	02, 06, 28, 72, 77, 78, A3, A6, B1, B2, B3
Z3723	URBAN WHEELCHAIR VAN, MILEAGE	999	31	\$ 1.05	S0209		#N/A	999	31	\$1.05	99	02, 06, 28, 72, 77, 78, A3, A7, B1, B2, B3
Z3725	FAMILY ATTENDANT CARE; PER HOUR	24	28	\$ 13.96	S5125		ATTENDANT CARE SERVICES; PER 15 MINUTES	96	28	\$3.49	12, 99	24, 40
Z3800	MEDICAL FOODS	4	40	\$ -	S9435		MEDICAL FOODS FOR INBORN ERRORS OF METABOLISM	4	40	BR	12	30
VA	#N/A			#N/A		SL	#N/A					
T1	#N/A			#N/A	Not trimester		#N/A					
T2	#N/A			#N/A	Not trimester		#N/A					
T3	#N/A			#N/A	Not trimester		#N/A					
2X	#N/A			#N/A		X	Value 'X' in CR103 837P transaction					
<b>MIPS CODES</b>												
W2300	OFFICE/CLINIC INDIVIDUAL THERAPY/COUNSELING (OTHER MENTAL HLTH	16	47	\$ 18.00	H0004	GT	BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	24	47	\$18.00	03, 11, 22, 50, 53, 72	77, 88, 89
W2350	OFFICE/CLINIC FAMILY THERAPY/COUNSELING (OTHER MENTAL HEALTHPRACT	16	47	\$ 18.50	H0004	GT, HR or HS	BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	24	47	\$18.50	03, 11, 22, 50, 53, 72	77, 88, 89
W2351	OFFICE/CLINIC GRP THERAPY/COUNSELING (OTHER MENTAL HEALTH PRACT	16	47	\$ 6.00	H0004	HQ	BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	24	47	\$6.00	11, 22, 31, 32, 33, 50, 53, 54, 72, 99	77, 88, 89
W4001	ASSESSMENT GENERAL			\$ 29.50	H0031		MENTAL HEALTH ASSESSMENT, BY NON-PHYSICIAN	1		\$29.50	3	88, 89
W4005	ASSESSMENT COMPREHENSIVE			\$ 42.00	H2000		COMPREHENSIVE MULTIDISCIPLINARY EVALUATION	1		\$42.00	3	88, 89
Z3330	NON-FAMILY ATTENDANT CARE 1 HOUR PER DAY MIPS	6	28	\$ 13.96	S5125		ATTENDANT CARE SERVICES; PER 15 MINUTES	24	28	\$3.49	03, 99	93

Current Code	Current Description	Procedure Daily Unit Max	COS	Current Rate	Proposed Code	Proposed Modifier(s)	Description	Procedure Daily Unit Max	COS	Proposed Rate	Place of Service	Provider Type
Z3331	NON FAMILY ATTENDANT CARE 3 HOURS PER DAY MIPS	2	28	\$ 41.88	S5125		ATTENDANT CARE SERVICES; PER 15 MINUTES	24	28	\$3.49	03, 99	93
Z3332	NON-FAMILY ATTENDANT CARE 6 HOURS PER DAY MIPS	1	28	\$ 83.76	S5125		ATTENDANT CARE SERVICES; PER 15 MINUTES	24	28	\$3.49	03, 99	93
Z3340	DAILY TRANSPORTATION < 10 MILES AMBULATORY VEHICLE	1	31	\$ 21.23	A0120		NON-EMERGENCY TRANSPORTATION: MINI-BUS, MOUNTAIN AREA TRANSPORTS, NON-EMERGENCY TRANSPORTATION; MILEAGE, PER MILE	5	31	\$6.69	99	92
				#N/A	S0215		NON-EMERGENCY TRANSPORTATION: MINI-BUS, MOUNTAIN AREA TRANSPORTS, NON-EMERGENCY TRANSPORTATION; MILEAGE, PER MILE	999	31	\$1.15	99	92
				#N/A	A0120	TN	NON-EMERGENCY TRANSPORTATION: MINI-BUS, MOUNTAIN AREA TRANSPORTS, NON-EMERGENCY TRANSPORTATION; MILEAGE, PER MILE	5	31	\$7.69	99	92
				#N/A	S0215	TN	NON-EMERGENCY TRANSPORTATION: MINI-BUS, MOUNTAIN AREA TRANSPORTS, NON-EMERGENCY TRANSPORTATION; MILEAGE, PER MILE	999	31	\$1.34	99	92
Z3341	DAILY TRANSPORTATION 11-20 MILES AMBULATORY VEHICLE	1	31	\$ 33.68	Delete		#N/A					
Z3342	DAILY TRANSPORTATION 21-30 MILES AMBULATORY VEHICLE	1	31	\$ 46.13	Delete		#N/A					
Z3343	DAILY TRANSPORTATION 31+ MILES AMBULATORY VEHICLE	1	31	\$ 58.58	Delete		#N/A					
Z3344	DAILY TRANSPORTATION < 10 MILES WHEELCHAIR VEHICLE	1	31	\$ 36.16	A0130		URBAN WHEELCHAIR VAN, BASE WHEELCHAIR VAN, MILEAGE, PER MILE	5	31	\$13.94	99	92
				#N/A	S0209		URBAN WHEELCHAIR VAN, BASE WHEELCHAIR VAN, MILEAGE, PER MILE	999	32	\$1.05	99	92
				#N/A	A0130	TN	URBAN WHEELCHAIR VAN, BASE WHEELCHAIR VAN, MILEAGE, PER MILE	5	33	\$16.03	99	92
				#N/A	S0209	TN	URBAN WHEELCHAIR VAN, BASE WHEELCHAIR VAN, MILEAGE, PER MILE	999	34	\$1.20	99	92
Z3345	DAILY TRANSPORT 11-20 MILES WHEELCHAIR VEHICLE	1	31	\$ 47.43	Delete		#N/A					
Z3346	DAILY TRANSPORT 21-30 MILES WHEELCHAIR VEHICLE	1	31	\$ 58.70	Delete		#N/A					
Z3347	DAILY TRANSPORT 31+ MILES WHEELCHAIR VEHICLE	1	31	\$ 69.97	Delete		#N/A					
Z3350	RN: 15 MIN, 1 OR MORE ENCOUNTERS WITH SINGLE STUDENT IN 1 WK		1	\$ 10.19	T1002		RN SERVICES, UP TO 15 MINUTES	32	1	\$10.19	03, 99	94
Z3351	RN: 30 MIN, 1 OR MORE ENCOUNTERS WITH SINGLE STUDENT IN 1 WK		1	\$ 20.38	Delete		#N/A					
Z3352	RN: 45 MIN, 1 OR MORE ENCOUNTERS WITH SINGLE STUDENT IN 1 WK		1	\$ 30.57	Delete		#N/A					
Z3353	RN: 60 MIN, 1 OR MORE ENCOUNTERS WITH SINGLE STUDENT IN 1 WK		1	\$ 40.75	Delete		#N/A					
Z3360	LPN: 15 MIN, 1 OR MORE ENCOUNTERS WITH SINGLE STUDENT IN 1 WK		1	\$ 8.00	T1003		LPN/LVN SERVICES, UP TO 15 MINUTES	32	1	\$8.00	03, 99	94
Z3361	LPN: 30 MIN, 1 OR MORE ENCOUNTERS WITH SINGLE STUDENT IN 1 WK		1	\$ 16.00	Delete		#N/A					
Z3362	LPN: 45 MIN, 1 OR MORE ENCOUNTERS WITH SINGLE STUDENT IN 1 WK		1	\$ 24.00	Delete		#N/A					
Z3363	LPN: 60 MIN, 1 OR MORE ENCOUNTERS WITH SINGLE STUDENT IN 1 WK		1	\$ 32.00	Delete		#N/A					
<b>IHS CODES</b>												
00090	IHS AMBULATORY SURGERY CENTER I			\$ 330.94	UB revenue code		#N/A					
00091	IHS AMBULATORY SURGERY CENTER II			\$ 443.23	UB revenue code		#N/A					
00092	IHS AMBULATORY SURGERY CENTER III			\$ 506.84	UB revenue code		#N/A					
00093	IHS AMBULATORY SURGERY CENTER IV			\$ 626.09	UB revenue code		#N/A					



Current Code	Current Description	Procedure Daily Unit Max	COS	Current Rate	Proposed Code	Proposed Modifier(s)	Description	Procedure Daily Unit Max	COS	Proposed Rate	Place of Service	Provider Type
00094	IHS AMBULATORY SURGERY CENTER V			\$ 712.55	UB revenue code		#N/A					
00095	IHS AMBULATORY SURGERY CENTER VI			\$ 821.81	UB revenue code		#N/A					
00096	IHS AMBULATORY SURGERY CENTER VII			\$ 988.83	UB revenue code		#N/A					
00097	IHS AMBULATORY SURGERY CENTER VIII			\$ 967.90	UB revenue code		#N/A					
00098	IHS AMBULATORY SURGERY CENTER IX			\$ 1,094.69	UB revenue code		#N/A					
00099	IHS-OUTPATIENT REIMBURSEMENT RATE			\$ 197.00	UB revenue code		#N/A					

#### NEW CODES

E1399	DME Miscellaneous	1	15	\$ 250	S9209		HOME MANAGEMENT OF PRETERM RUPTURE OF MEMBRANES	1	15	\$ 250.00	12	23,30
E1399	DME Miscellaneous	1	15	\$ 150	S9211		HOME MANAGEMENT OF GESTATIONAL HYPERTENSION	1	15	\$ 136.00	12	23,30
E1399	DME Miscellaneous	1	15	BR	S9214		HOME MANAGEMENT OF GESTATIONAL DIABETES	1	15	\$ 150.00	12	23,30
E1399	DME Miscellaneous	1	15	BR	S9212		HOME MANAGMEENT POST PARTUM HYPERTENSION	1	15	BR	12	23,30
E1399	DME Miscellaneous	1	15	BR	S9213		HOME MANAGEMENT PREECLAMPSIA	1	15	BR	12	23,30
NA					S5135		COMPANION CARE, ADULT PER 15 MINUTES	23	43	\$ 3.49	12, 99	22, 24, 36, 39, 40, 49, 50, 57
NA					S5136		COMPANION CARE, ADULT, PER DIEM	1	43	BR	12, 99	22, 24, 36, 39, 40, 49, 50, 57
NA					T2020		DAY HABILITATION, WAIVER, PER DIEM	1	32	BR	12, 99	39

#### MODIFIERS

GT	Telecommunication
HB	Adult program, non geriatric
HG	Opiod addiction treatment program
HN	Bachelors degree program
HO	Masters degree level
HQ	Goup setting
HR	Family/couple with client present
HS	Family/couple without client present
HT	Multi-disciplinary team
SL	State supplied vaccine
TF	Intermediate level of care
TG	Complex/high level of care
TN	Rural
U1	Alzheimer Pilot

#### SUMMARY

Codes changed	127
Codes added	8
Codes deleted	52
Total number of code modifications	187